



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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Division of Public Health

November 20, 2020

To: Local Health Directors

From: Zack Moore, MD, MPH, State Epidemiologist

Re: Contact Tracing Prioritization (3 pages – replaces version dated August 12, 2020)

North Carolina local health departments (LHDs) remain central to our pandemic response and play a critical role in assuring [close contacts](#) to COVID-19 cases are notified of their exposure to prevent further disease transmission.

During a period of widespread community transmission, existing public health contact tracing capacity can be exceeded. When this occurs, efforts should be made to prioritize individuals and populations at highest risk for transmission or morbidity related to COVID-19. The goal of prioritization is to maximize COVID-19 prevention success by focusing public health resources on tracing the close contacts of cases most at risk of large-scale transmission events to halt transmission chains.

Below are suggested criteria for prioritizing contact tracing activities, stratified by the number of days between specimen collection and report to public health of the case-patient who named the contact.

We continue to encourage LHDs to attempt to notify all close contacts of their exposure to the extent possible. If staffing considerations are currently limiting the proportion of cases that can be interviewed or contacts that can be notified of exposure in a timely manner, surge staff can be [requested](#). A similar prioritization of case investigations using time from specimen collection to public health report and other locally available data should be considered when case counts exceed existing local response capacity.

Daily or limited monitoring of contacts during the quarantine period is no longer routinely recommended.

Priority Group	Recommended Contact Notification Method
1-2	Notify of exposure, assess for symptoms/resource needs, provide quarantine and testing information by phone AND email/text* with links to quarantine and testing guidance.
3-5	Single notification by email/text* of exposure with links to quarantine and testing guidance. If text/email is not an option, notify by single phone call.

****An email/text message will be generatable by CCTO system, expected to be available by December 6, 2020.***

The email and text language to be sent from CCTO will be finalized in early December. The below script can be used to structure emails, text messages or for phone voicemail messages.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF PUBLIC HEALTH

LOCATION: 225 North McDowell St., Raleigh, NC 27603

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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Hello, this is the NC COVID Community Team. You have been exposed to COVID-19, and should quarantine (stay home and separate yourself from others) until (quarantine end date) and get tested on or around (last exposure date + 6 days)

Visit [Find My Testing Place](#) to find a test, or go to [quarantine](#), [more testing resources](#), [quarantine support](#) for more information or call 844-628-7223 to speak with a NC COVID Community team member directly. You can stay in contact with your local health department during your quarantine by clicking here ([link to survey](#)) to complete a daily health assessment.

Priority Level Definitions for Contact Tracing		
Priority	Time from specimen collection to case report to public health	Population
1	Any	Contacts linked to a known or potential cluster/outbreak <ul style="list-style-type: none"> Individuals with epidemiologic links to a known cluster or outbreak Individuals linked to any location or event associated with two or more cases
2	≤4 days	Contacts exposed in a high-risk living or work setting Contacts exposed in: <ul style="list-style-type: none"> Healthcare setting (e.g., acute care, skilled nursing, mental health, and long-term care facilities) Congregate living settings (e.g., correctional facilities, homeless shelters, migrant farm worker camps) Educational institutions/schools Critical infrastructure or high-density work setting (e.g., food processing plants, manufacturing plants, transportation, food service to critical workers, childcare) Community settings with large numbers of people (e.g., large gatherings, religious events). Indoors settings should be prioritized over outdoor settings.
3	≤4 days	Contacts who don't meet priority 1 or 2 categories but are in the following groups <ul style="list-style-type: none"> Persons at higher risk for severe disease <ul style="list-style-type: none"> Individuals 65 years of age and older

		<ul style="list-style-type: none"> ○ Individuals with underlying conditions associated with higher-risk for severe disease ○ Pregnant women • Healthcare providers or first responders (e.g., Emergency Medical Services (EMS) personnel, law enforcement, firefighters) • Members of a large household living in close quarters. • Contacts known to live in households with or provide care in a household with an individual who is high-risk for severe illness from COVID-19.
4	>4 days	<p>Contacts exposed in a high-risk living or work setting</p> <p>Contacts exposed in:</p> <ul style="list-style-type: none"> • Healthcare setting (e.g., acute care, skilled nursing, mental health, and long-term care facilities) • Congregate living settings (e.g., correctional facilities, homeless shelters, migrant farm worker camps) • Educational institutions/schools • Critical infrastructure or high-density work setting (e.g., food processing plants, manufacturing plants, transportation, food service to critical workers, childcare) • Community settings with large numbers of people (e.g., large gatherings, religious events). Indoors settings should be prioritized over outdoor settings.
5		None of the above